



CITY OF CAMBRIDGE

MASSACHUSETTS

WATER DEPARTMENT
250 FRESH POND PARKWAY
CAMBRIDGE, MASS. 02138

617-349-4770

Requirements For Backflow Preventer Permit/Installation

Massachusetts Regulation Plumbing Code 248 CMR 2:14 (6) C (2). *"No plumbing permit shall be issued for cross connection installation(s) requiring reduced pressure zone backflow preventer (RPBP) or double check valve assemblies (DCVA) until the application for such permits is accompanied by a letter of approval from the Massachusetts Department of Environmental Protection (DEP) or its designee."*

Permits also must be issued for pressure vacuum breaker (PVB) installations.

Instructions

1. Complete one (1) cross connection plan approval (design data form) for each device to be installed.

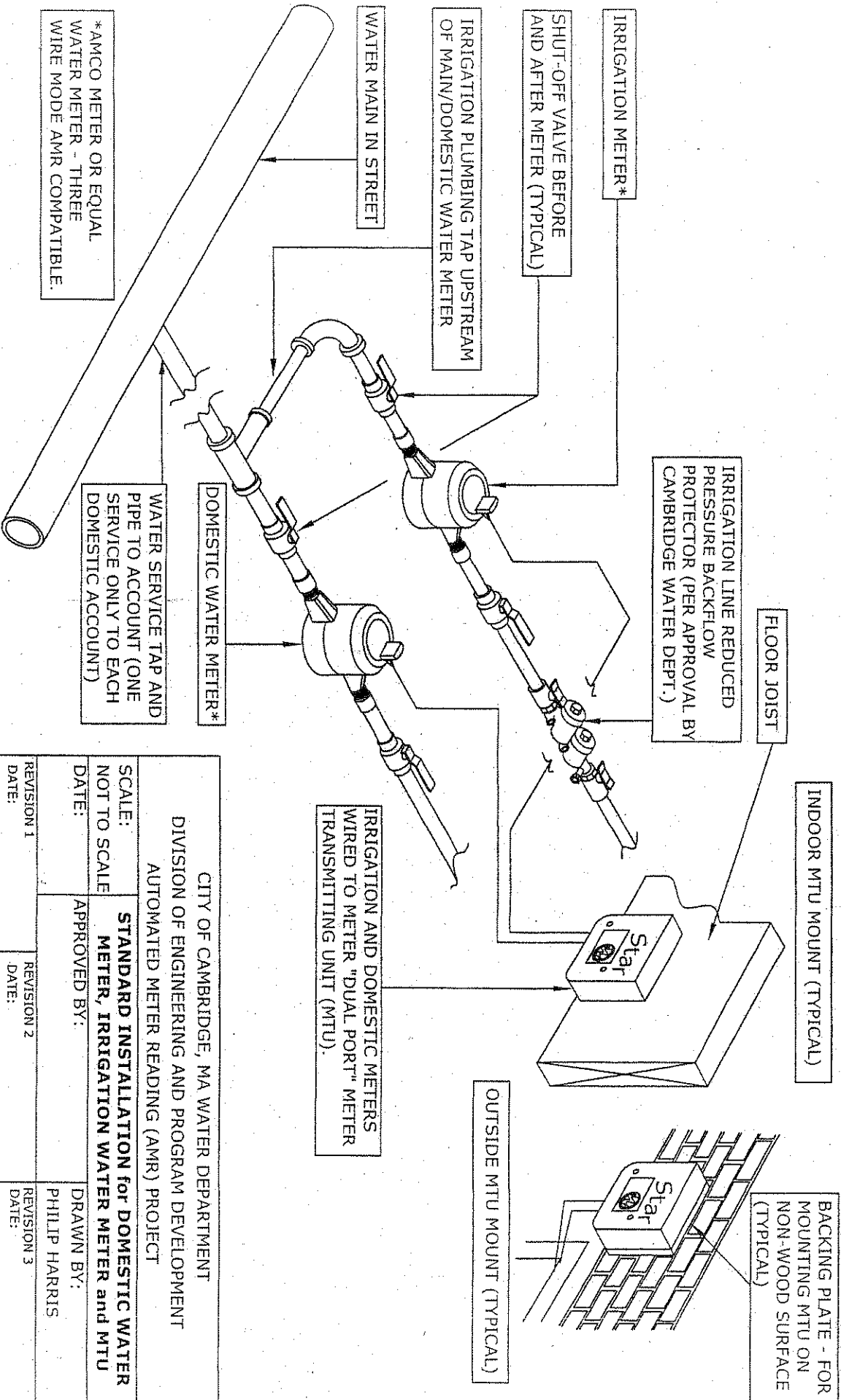
Backflow Preventer Design Data Forms may be obtained here (the Cambridge Water Department) or at the Cambridge Inspectional Services Department (831 Massachusetts Avenue).

2. Attach plumbing or sprinkler plan(s) as described in section E of the design data form.

3. Submit package to the Cambridge Water Department Cross Connection Program Office for review and issuance of a permit. **As the DEP Designee for Cambridge, the Cambridge Water Department will issue a permit upon review and acceptance of the design data sheet(s).**

Permits must be obtained in person: call the Engineering/Cross Connection office at 617-349-4782 or 617-349-4025 for an appointment. A Water Department permit must be obtained prior to installing the backflow preventer. Failure to obtain a permit prior to installation will result in fines as well as potential exclusion from future work in the City.

4. When the device is installed, call the Cross Connection office for inspection and testing. All devices must have test adapters installed before the device will be approved.



*AMCO METER OR EQUAL
WATER METER - THREE
WIRE MODE AMR COMPATIBLE.

CITY OF CAMBRIDGE, MA WATER DEPARTMENT					
DIVISION OF ENGINEERING AND PROGRAM DEVELOPMENT					
AUTOMATED METER READING (AMR) PROJECT					
SCALE:			STANDARD INSTALLATION for DOMESTIC WATER		
NOT TO SCALE			METER, IRRIGATION WATER METER and MTU		
DATE:			APPROVED BY:		
REVISION 1			DRAWN BY:		
DATE:			PHILIP HARRIS		
REVISION 2			REVISION 3		
DATE:			DATE:		



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Cross Connection Plan Approval Backflow Prevention Device Design Data Sheet

☐ A Owner Information

Owner Name

Address

☐ B Facility Information

Facility Name

Address

Contact Person/Agent

Telephone number of facility contact person

Is this facility ☐ New or ☐ Existing? (check one)

Describe generally the type of business or activities carried out at this facility:

☐ C Device Data

Manufacturer

Model No.

Reduced Pressure Valve (RPBP)

Double Check Valve (DCVA)

Size

Hot or Cold Water Unit

Location of Device

Bypass Arrangement (yes or no?)

From what type of contamination is the water supply protected?

How many other RPBP and DCVA are located in this building?

Type of Gate Valve (Gate Valves under fire systems must be UL or FM approved.)

**Cross Connection Plan Approval
Backflow Prevention Device Design Data Sheet**

D

Device Maintenance and Testing Schedules

Following is the maintenance and testing schedule of the above device(s). Please refer to 310CMR 22.22.

Reduced Pressure Zone (RPZ) twice per year by CWD

Double Check Valve Assembly (DCVA) once per year by CWD

E

Cross Connection Plan Submittal Requirements

A. Plumbing Plan:

1. Completed title block (name of facility, address, date, preparer, scale, etc.)
2. Schematic or blueprint of plumbing system (at least 8 1/2" x 11") using accepted symbols and nomenclature, detailing:
 - Clearance in device installation
 - Location of upstream and downstream shutoff valves
 - Make, model, size and alignment of device
 - Location of potable water lines
 - System, source or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

When installations of device(s) involve large or complex plumbing systems, formal prints must be submitted with the appropriate MA. Professional Engineers stamp.

Submitted by

Of

Date

Telephone

Owner/Agent Signature

Date
